

good results, it was not so with those who were less familiar with its performance and with its possible difficulties. To such an extent had prejudice and other circumstances militated against the high operation that an American writer, Dr. John Shaw, of Albany, in an article in the *Journal of Foreign Medicine* for April, 1823, made the following remarkable statement:

We may sum up by saying that all the accidents which are generally assigned as the reason why patients die after the lateral operation are more apt to take place after the high operation.

In 1868 Mr. Holmes Coote, in an article in the *St. Bartholomew's Hospital Reports* upon lithotomy and lithotrity, says:

I have not in these remarks adverted to the high operation. In many cases it is impossible of performance, and in none offers advantages such as I should have ever liked to avail myself of.

Why it should in many cases be impossible of performance is not, however, stated. Bearing out these statements as to the position of the high operation, there is a remark by Dr. C. W. Dules, in an admirable paper on the subject in the *American Journal of the Medical Sciences* for 1875, which is of interest. He says:

Suprapubic lithotomy, or the high operation, is assigned a very low place in most works upon surgery, and is now so rarely practised that there are comparatively few medical men who have ever seen it done; indeed, it has surprised me, in my investigations, to find how little is known of it by men of no inconsiderable eminence in the profession.

This condition of affairs must be well within the memory of many Fellows of this society, for those of us who were students in the Seventies hardly ever saw any other operation for stone than lateral lithotomy, crushing at several sittings, and perhaps a median operation. At that time the lateral operation was so firmly established as the routine cutting operation that he would have been a bold man who would have suggested that in the course of a few years its position of supremacy would be disputed, and that in a few more it would be rarely practised, and that it would so soon be regarded as a surgical curiosity belonging to a past age. It had always been associated with so much discussion, and had occupied the attention of surgeons and the public to such an extent, that it seemed to stand by itself. It was, indeed, regarded as a privileged operation, and, on the day fixed for operating by the surgeons, it was the custom for any one having a lithotomy to take precedence of his colleagues, and to operate first. In an annotation in the *Lancet* for April 5th, 1825, it is stated that all cases of stone admitted to St. Bartholomew's Hospital for a period of six months were placed under the care of one surgeon, and that the surgeons took it in rotation to act as lithotomists. From a remark of Cheselden in the appendix to his  *Anatomy of the Human Body*, published in 1741, the same arrangement evidently existed at St. Thomas's Hospital, and Cheselden, in addition to being surgeon to that hospital, was lithotomist to the Westminster Hospital, where there were wards for the reception of cases of stone. Though, as already mentioned, the high operation was hardly ever performed thirty years ago, its revival was close at hand. In the *Edinburgh Medical Journal* for October, 1878, Dr. Garson published a paper on displacement of the bladder and peritoneum in the male by distension of the rectum. As the result of experiments on the dead body he showed the influence of distension of the rectum, or of the bladder, or of both, on the relation of the peritoneum to the anterior surface, and he considered that

in performing the suprapubic operation for lithotomy or puncture of the bladder that viscous can be as easily raised above the symphysis by distending the rectum as by injecting the bladder, and that in every case where it is not advisable to distend the bladder to a large size, distension of the rectum is all that is required to make the parts suitable for operation.

In 1880 Dr. Pietersen, of Kiel, who was present at the reading of Dr. Garson's paper at the Congress of German Surgeons, published an account of experiments made to ascertain the relative position of the anterior fold of the peritoneum and of the upper border of the pubes. As the result of these papers the high operation was again taken up and gradually came into favour. The danger of wounding the peritoneum was minimized by distension of the bladder with fluid and by distension of

the rectum by the use of Pietersen's bag. Mr. Richard Barwell, of Charing Cross Hospital, also made experiments on the lines of Garson and Pietersen, and brought the matter before the Royal Medical and Chirurgical Society on March 30th, 1886, when an important discussion took place on the merits of the high operation as then performed. The opinions expressed by most of the speakers were favourable to its superiority over the lateral operation, though some few were not yet convinced. As the result of further experience it was found that the anterior fold of peritoneum could be sufficiently raised by distension of the bladder alone; and the rectal bag, which had many disadvantages and some dangers, was abandoned, and the operation was widely practised.

It is now, with hardly any exception, the only cutting operation resorted to. The choice of method may lie between cutting and crushing, but, if the former is decided on, the suprapubic operation is performed as a matter of course.

## Memoranda : MEDICAL, SURGICAL, OBSTETRICAL.

### REMOVAL OF A SEBACEOUS CYST DURING HYPNOSIS.

The subject of the following note is a young male hysterical who has been in this asylum for nearly two years, and who, during that period, has been frequently under the hypnotic influence. Some months ago he developed a small sebaceous cyst at the back of the ear, which suppurated, and which was opened and scraped during hypnosis. As the condition has recurred recently, it was decided to deal with it more radically. On this occasion, too, the cyst had suppurated, and had burst before it could be dealt with otherwise. It was proposed to put the patient to sleep hypnotically, and then, if possible, to excise the cyst as a whole. The following is a brief description of what occurred.

About 4.15 p.m. the patient, J. R., was put in a side room off the ward. Preparations had been made as if for an operation, and these he could see as he entered the room. He was asked to sit on the bed, and was soon put to sleep, and placed flat on the bed so that he lay on the left side. When he was fast asleep he was given the following instructions. He was told to remain asleep whatever was done to him, also that he would not feel anything at all whilst asleep, that he would not have any recollection of what had occurred when he awoke, and, finally, that he would not waken until I told him. There was some difficulty in directing his attention to these orders, as he was in a very deep sleep. The cyst was then opened, the suppurating contents were removed, and an attempt was made to secure the wall of the cyst. It was found very difficult to separate this from the surrounding tissues, especially as there was free bleeding, and I had no adequate assistance. I managed, however, to remove part of the wall of the cyst, and then dressed the wound, and bandaged up the head.

The charge-nurse of the ward was present during the whole of the time, and my colleague, Dr. W. Gilmour, was present part of the time. It was observed that the patient never once winced or moved during the operation. At times he mumbled something, like a person talking in his sleep, but I could not make out distinctly what he said. Once or twice he took long sighing inspirations, so that I thought he was on the point of wakening, but he did not do so. I stopped and stroked his forehead a little at this point, and he continued to sleep. At this particular time I had been occupied in separating the cyst wall and was pulling on it a good deal, which process, if any, would be likely to cause pain. When the small operation was completed and the bandage in its place, I asked Dr. Gilmour to waken the patient. He took no notice of the doctor for some time—in fact, not until the latter had given him several hard smacks on the face. He then began to stir, to open his eyes, and to gradually waken up, although still apparently very loth to do so. When he was thoroughly awake and sitting up he was questioned by both Dr. Gilmour and myself as to what had occurred. He still appeared to be a little dazed, put up his hand to his

head, and tried to remove the bandage, evidently an offending object, the presence of which he could not understand. He thought that something had been done to his ear, because he had seen the preparations before he fell asleep, and now he knew that he was bandaged up; but he had neither seen, heard, nor felt anything during the whole time. Questioned repeatedly on these points, he stuck rigidly to his story without exhibiting the slightest inaccuracy or inconsistency. Altogether he had been asleep for about three-quarters of an hour. A couple of hours later I changed the dressing for a smaller one, as he wished to attend an asylum dance the same evening. During this process, which caused him some pain, he winced perceptibly, and it was amusing and interesting to contrast his demeanour then with the utter passivity shown during the operation itself. Whilst being aware that there is nothing intrinsically new in the incident above narrated, I would submit that the hypnotic phenomena must always continue to be of absorbing interest, and that a degree of anaesthesia which is compatible with the performance of an operation, however small, can hardly fail to arrest one's attention. Moreover, in the present case I am quite convinced that if a larger operation were at any time contemplated, it could be carried out under similar circumstances; at least, I would welcome the opportunity of testing such an assertion.

In conclusion, I would like to thank Dr. W. Gilmour for his kindly assistance and collaboration in the experiment, and Dr. W. A. Parker, the superintendent of the asylum, with whose permission the case is published.

J. E. MIDDLEMISS, M.R.C.S., L.R.C.P.,  
Assistant Medical Officer, Gartloch Mental Hospital.

## Reports ON MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF THE BRITISH EMPIRE.

### ESSEX COUNTY HOSPITAL, COLCHESTER. A CASE OF TETANY IN PYLORIC OBSTRUCTION. [Under the Care of Dr. CHICHESTER.] (Reported by REX C. BREWSTER, M.R.C.S., L.R.C.P., House-Surgeon.)

I THINK the following case is of sufficient interest to record:

Mrs. G. was admitted into the Essex County Hospital in December last on account of long-continued vomiting. She was found to have a very much dilated stomach with a large tumour in the pyloric region. Her condition was so miserable, and she was so anxious to have something done, that on December 30th the abdomen was opened with a view of performing a gastro-enterostomy. Her condition became so grave that the operation had to be abandoned. The stomach was seen to be enormously dilated, and the pylorus the seat of a large evidently malignant growth.

On the evening of December 28th, two days before operation, she suddenly called out that she was dying and had a seizure of tetany. The hands were screwed up in the typical "accoucheur's hand" position; the toes were flexed, ankles plantar-flexed, and knee-joints flexed. The spasm lasted about ten minutes and passed off slowly. For some time previous to the operation she had been having daily gastric lavage. Her temperature had been practically normal for a week.

I am indebted to Dr. Chichester, under whose care the case was, for permission to make use of the notes.

DR. G. F. SYDENHAM of Dulverton recently received a very gratifying testimonial in commemoration of his 50th birthday and of the completion of twenty-five years' professional work in the parishes of the Dulverton union. The testimonial consisted of an address with a purse of gold towards defraying the cost of a motor car. In acknowledging the presentation Dr. Sydenham said that he was much gratified by the fact that the address bore the names of so large a number of subscribers as 600, the majority of whom belonged to the poorer class. They ranged, in fact, from the wealthy landowner to the humble cottager.

## Reports of Societies.

### ROYAL SOCIETY OF MEDICINE.

#### CLINICAL SECTION.

Friday, February 10th, 1911.

Sir A. FEARCE GOULD, K.C.V.O., President, in the Chair.

#### *Mollities Ossium.*

DR. H. D. ROLLESTON and Dr. C. H. S. TAYLOR showed a case of *mollities ossium* of forty-five years' duration. The patient was a single woman, aged 58, bedridden for forty-four years on account of inability to walk and bony deformities which at first suggested rickets, but, as shown by  $\alpha$  rays, resembled those of *mollities ossium*. The deformities generally suggested that the bones were slightly plastic, and they were bent in proportion to the stresses upon them. Thus the long bones, which were subject to unequal stresses, showed most bending, the pelvis showed the effects of weight, while the hands and feet, which had few internal stresses, showed hardly any deformity, and the skull, which had practically no muscle pulls upon it, retained its shape except where its weight caused it to sag, as it were, around its base. When first seen the condition was thought to show the results of late or recrudescent rickets.  $X$ -ray examination showed that the changes characteristic of rickets were absent, and that the appearances pointed to *mollities ossium*. The case raised the interesting question if many or most of the cases formerly recorded as "late rickets" were really examples of osseous softening due to some microbic invasion of the skeleton, and not due to rickets in the strict sense. It was suggested that ordinary rickets, by damaging the skeleton, might favour the onset of *mollities ossium*.

#### *Exhibits.*

Among the other exhibits were the following: Dr. H. BATTY SHAW: Pictures of two cases showing *Unusual ulceration of the skin*, and a case of *Syphilis, chyliform ascites, dropsy, and albuminuria*. Dr. F. E. BATTEN: A case of *Progressive spinal muscular atrophy of infants* (Werdnig-Hoffmann). Dr. FREDERICK J. POYNTON: A case of *Imperfect osteogenesis*. Mr. WALTON (for Mr. FRANK KIDD): A case of *Imperfect osteogenesis* (?)

#### LARYNGOLOGICAL SECTION.

At a meeting of this section, held on February 3rd, Dr. WATSON WILLIAMS, President, in the chair, Dr. WILLIAM HILL in conjunction with Dr. HERSCHELL, demonstrated on the living subject a combined direct and indirect method of *Oesophago-gastroscopy*. A good view was obtained of the stomach and lower part of the oesophagus, and the great value of this method was pointed out. The stomach was dilated with air, and previously washed out by a special instrument. Dr. FRANK ROSE and Mr. CECIL GRAHAM showed cases of *Tuberculous tonsillitis*, this in Mr. Graham's case being associated with tuberculous laryngitis. An interesting discussion resulted with reference to the frequency of primary tuberculous disease of the tonsils. Mr. HERBERT TILLEY showed plaster casts of an *Unusual malformation of the upper jaw*. There was a markedly V-shaped condition of the hard palate, while the alveolar borders of the upper jaw were hypertrophied. There was also well-marked alar collapse, and much septal irregularity. Pyorrhoea alveolaris was also present. Dr. PEGLER showed cases of *Malignant disease of the larynx and extensive ulceration of the pharynx and tonsils, considered malignant*; he also showed a case of *Tuberculous disease of the vocal cords*, with secondary tuberculous infection of an adenoid growth in the naso-pharynx. The patient was a fur sorter. Both cords were thin and ulcerated; the right cord was also longitudinally split. They approximated badly, causing complete aphonia, but there was neither pallor nor oedema; no lung signs, sweating, nor loss of flesh; general health excellent. Since the first onset a small mass of adenoids had become ulcerated. Sections of this under the microscope displayed giant cell systems, and though staining of tuberculous bacilli had not been successful, material obtained thence and injected into guinea-pigs infected the glands and viscera. Preparation from

18th, 1911, by Professor Dr. Wilhelm His, and published in the BRITISH MEDICAL JOURNAL of the 4th instant. In discussing the methods which enable us to apply radium and its emanation in an effective manner, Professor His mentions emanators constructed by Löwenthal and Gudzent in which a stream of oxygen bubbles through a fluid containing a salt of radium and is saturated with the emanation.

As it is now more than two years ago since I designed an apparatus for the administration of radio-active oxygen, I think I have a just claim to be regarded as the originator of this method of treatment by inhalation. The apparatus which I designed was made by Messrs. Southall of Birmingham and exhibited at the Midland Branch of the Institute of Hygiene in 1909. Since that time I have used it not only for the treatment of gout and rheumatism, but also for whooping-cough, chest affections, and skin diseases.

Without in any way questioning the originality of Professor His's article, I think that my claim to priority in this matter should be noticed in the columns of your widely circulated journal.—I am, etc.,

West Bromwich, Feb. 10th.

N. L. USHER SOMERS.

#### THE DISTRICT NURSE AND THE GENERAL PRACTITIONER.

SIR.—A letter from Dr. Smith of Boscombe on the above subject, in your issue of January 21st, deserves the thoughtful attention of every member of our profession, for, as regards the district nurse, he states the "whole truth and nothing but the truth"; and if we, members of a very ill-paid profession, wish to hold our own and gain a decent living, would only unite and put our feet down, we could easily quash the schemes of the Ladies de Vere, get our own terms, and have district nurses very much under our own control.

I enclose a circular that is being distributed broadcast in this county, and from it you will see that the Midwives Act is quoted as the reason why district nurses are urgently needed.

If some of the junior members of the profession (it has been done here) go about with Lady de Vere in her motor car advocating district nurses, whether their seniors approve of them or not, I can only see one remedy—that is, to have the question brought up at the Branch Council meeting. We may then hear the general opinion of members on the subject.

Thanking you in anticipation for publishing this letter and enclosing my card,—I am, etc.,

A MEMBER BRITISH MEDICAL ASSOCIATION.

February 18th.

#### THE STOAT AND ERMINE.

SIR.—In reference to Sir Jonathan Hutchinson's letter concerning the summer and winter dress of the stoat, it would certainly be interesting to know what the actual circumstances are which determine these seasonal changes, since he throws some doubt upon climatic influence as the direct cause of the winter transition.

During winters in Switzerland, with the snow continually on the ground, and where ermine were often seen, I gathered from a *Jäger* that the white change in the animal always occurred in the snowy winter months, and could not find out from a reliable source that this royal fur was ever seen in an incompletely transformed stage, certainly not a brown colour. This certainly suggests colour adaptation to surroundings in a country where snow remains for a lengthened period on the ground, but in England, with less severe winters, and even mild ones, with a normal surface, we should not—according to old views—expect the animal habitually to take on these resemblances; but this does not throw light on the physiological side of the question.

The change of colour is, as we now know, an actual whitening of the fur in this emblem of purity and justice, and not, as was once thought, a substitution of white for dark hairs—I am, etc.,

West Ealing, Feb. 21st.

R. BROOKS POPENHAM.

## Universities and Colleges.

### UNIVERSITY OF OXFORD.

#### Conferment of Degrees.

IN Congregation on January 26th the following degrees were conferred:

D.M.—D. W. Carnall Jones.

B.M. AND B.CH.—G. E. Neligan, G. E. Lowns, and A. W. Donaldson.

#### Board of Faculty of Medicine.

The following have been elected members of the Board of Faculty of Medicine: Sir W. S. Church, Bart., Dr. Samuel H. West, Dr. Walter Ramsden, Dr. E. W. Ainley Walker, Dr. William Williams, Dr. H. M. Vernon, Dr. Alexander G. Gibson, and Dr. J. W. Jenkinson.

#### Examinations for M.B.

In accordance with the provisions of the Decree of Convocation of February 7th, 1911, the examinations for the degree of Bachelor of Medicine will commence in the Examination Schools for the first B.M. on June 15th, and for the second B.M. on June 14th, and not as previously advertised.

### UNIVERSITY OF CAMBRIDGE.

#### Conferment of Degrees.

THE following degrees have been conferred:

M.B., B.C.—A. Feiling, J. T. Fox, R. F. Higgin.

M.B.—H. E. S. Stives.

### UNIVERSITY OF EDINBURGH.

#### The Dick Bequest.

IT has been intimated to the University Court that the trustees of the late Miss Mary Dick desire to make over the moiety of her trust estate which she bequeathed to found a professorship in the University, either of comparative anatomy or surgical anatomy, in memory of the late Dr. John Barclay and Professor John Goodsir. The court resolved to accept administration of the funds.

#### Appointment of Lecturers.

The following University lecturers have been reappointed: Dr. G. H. Melville Dunlop (Diseases of Children), Dr. A. Logan Turner (Diseases of the Larynx, etc.), and Dr. Norman Walker (Diseases of the Skin).

### QUEEN'S UNIVERSITY, BELFAST.

#### Special Gold Medal in Anatomy.

AT the meeting of the Senate of the university on February 16th a letter was read from Dr. Parkinson (London), enclosing the sum of £17 12s. 6d. for a gold medal, to be called "The Juliet Symington Medal," to be awarded to the student obtaining the highest marks in anatomy at the second medical degree examination next July. The Vice-Chancellor referred to the interest the late Mrs. Symington took in the life of the university, and thought it a most appropriate memorial. It would be a special consolation to Professor Symington that her name and memory would be thus preserved. On the motion of Professor Sinclair, F.R.C.S., seconded by Professor Sir William Whitla, the following resolution was passed:

That the Senate accept with pleasure the offer made by Dr. Parkinson of a large gold medal, to be called "The Juliet Symington Medal," and to be awarded in the department of anatomy, and that the Secretary be instructed to convey in due form to Dr. Parkinson the thanks of the Senate.

#### MEETING OF CONVOCATION.

A meeting of convocation was held in the large Hall of the University on February 14th, the Right Honourable Thomas Sinclair, Chairman of Convocation, presided, and there was a large attendance.

#### Standing Orders.

The chief object of the meeting was the consideration of the Standing Orders, which had been drawn up by a committee appointed at the previous meeting for this purpose. These were passed with a few amendments.

#### Honorary Degrees.

Dr. Leslie, who had given notice, moved:

That we, Convocation of the Queen's University of Belfast, emphatically protest against the disability imposed on the University by the statutes, chap. XXXIII, clause (1), which prohibits the conferring of honorary degrees in the faculty of medicine; and, having regard to the fact that this privilege was exercised respectively by the old Queen's University and by the Royal University throughout their careers, and is enjoyed to-day by the University of Dublin, by the National University, and by the Royal College of Physicians and Surgeons in Ireland, we call upon the Senate to take such steps by appeal to the Privy Council or otherwise as will remove this anomalous disability.

The Medical Faculty, he said, was under a distinct disability in the matter; it did not want the power of conferring medical degrees on those who were not already registered medical men; but occasions might arise when it would be desirable and becoming to confer an honorary medical degree instead of a meaningless LL.D. or some similar distinction. The motion

was seconded by Dr. Calwell, President of the Ulster Branch of the British Medical Association, who said the Senate should not allow itself to be stultified in this matter; there was not the lightest danger of misapplication of the power.

*Standing Committee.*

The Standing Committee was then elected, amongst whom were the following medical men: Vice-Chairman, John Campbell, F.R.C.S.; Dr. R. W. Leslie, LL.D.; Dr. William Calwell, M.A.; Professor J. A. Lindsay, M.A., M.D.; Mr. T. S. Kirk, B.A., B.Ch.; Dr. J. J. Austin; Dr. J. H. Harbison, B.A.; Dr. W. J. Maguire, B.A.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

*Dental Examination.*

W. J. MAHER and J. L. Moulang have passed the examination of the First Dental Division A. G. Sheedy and A. C. Wiley have passed the examination of the First Dental Division B. P. I. Wigoder has passed the Final Dental Examination and has been admitted a Licentiate in Dental Surgery.

## Obituary.

WILLIAM WILLIAMS, M.A., M.D., B.C.H., M.R.C.S.,  
L.S.A., D.P.H.,

MEDICAL OFFICER OF HEALTH TO THE COUNTY OF GLAMORGAN.

The sad news of the death of Dr. William Williams, Medical Officer of Health for Glamorgan, has been received with profound sorrow throughout the county. He was in his 54th year, and died at Bournemouth on February 16th. He had been ailing for some time, and went to Bournemouth hoping to recuperate his health in the sunny South. Through his death Wales has lost one of its most prominent and valued public officers and a true son of "Gwalia."

His career throughout was marked by many successes. Born at Esgairgawr Farm, near Dolgelly—as he said, "on the slopes of the prettiest valley in Wales"—he was first educated at the Grammar School, Dolgelly; thence he proceeded to the University College at Aberystwyth, where he obtained a scholarship. He then went to Jesus College, Oxford, where he gained a Scholarship in Natural Science and later was elected to a Meyrick Exhibition. In 1881 he graduated as B.A., with first-class honours in Natural Science, and proceeded M.A. in 1887. In 1882 he won an open Science Scholarship at St. Mary's Hospital, London; he graduated M.B. and B.Ch. in 1887, and took the degree of M.D. in 1894. He held also the diplomas of M.R.C.S., L.S.A., and D.P.H.

He studied science for a time at Berlin, and this gave him a wider knowledge of his favourite subject. He subsequently became Resident Medical Officer of the Ventnor Sanatorium, where he remained two and a half years; then for a while he held the appointment of Assistant Medical Officer of Health in Shropshire. In December, 1892, he was selected from among fifty applicants as Medical Officer of Health to the premier county in Wales—Glamorgan.

In his own branch of medical activity he was a most enthusiastic worker, and his able reports influenced the Glamorgan County Council to join him heartily in insisting upon important sanitary reforms. His frequent reports, calling attention to the defects of those district sanitary authorities which were slow in carrying out necessary sanitary requirements, have had a most beneficial effect upon the sanitary condition of Glamorgan.

By the Sanitary Committee of the County Council he was held in high esteem, and such was his influence with the members that it rarely happened that when he had definitely made up his mind as to the best line of action that course was not adopted. His even temper and fair reasonableness and his sincerity, manifest to all, have done much to bring about that true harmony which has for years existed, and which only became more complete as time went on.

When the Isolation Hospital Act came into force he advised the council as to the best method of procedure, with the result that they have now about sixteen excellent isolation hospitals in various parts of the county, capable of accommodating over 500 patients.

For a long time he endeavoured to impress the council with the necessity of establishing a public health laboratory at which all the water supplies of the county

could periodically be chemically analysed and bacteriologically examined. The result is that the county can now boast of an excellent institution, maintained in association with Cardiff, which has been of immense benefit in various directions. He, together with Dr. Walford, acted as directors.

As the first county medical officer of health in Wales he had much pioneer work in public health to perform. This often was not an easy matter, but his unfailing tact, his personal influence, his irresistible courtesy, together with his knowledge of the people with whom he had to deal, enabled him to effect his purpose with very little friction, if any.

As showing the esteem in which Dr. Williams was held by his medical brethren in South Wales and Monmouthshire, although as a medical officer of health he was not so closely associated with the general practitioner, who naturally forms the predominant section of the Association, he was nevertheless chosen as the President of the Branch in 1905, a position he filled with conspicuous ability and distinction. He was held in no less esteem by other medical officers of health and by sanitary inspectors throughout the district, as is shown by the fact that he was selected as the first President of the South Wales Sanitary Inspectors' Association. He served as Examiner in Public Health at the Universities of Oxford and London, and was appointed, though he had not acted, to the same office in the University of Wales. He was a member of the Medical Board of the University of Wales, and took a lively interest in its work.

In 1903 and 1904 he delivered the Milroy lectures at the Royal College of Physicians, London. His contributions to medical literature on subjects of special interest to the branch of the profession to which he belonged will always remain as monuments to his great industry and powers of observation.

He was always exceedingly interested in the water supply of the county, and a few years ago he made a very full report on the supplies of the various authorities in Glamorgan. His work thereon culminated in the promotion by the Glamorgan County Council of two bills in Parliament, which aimed at concerted action in the conservation of the natural heritage of South Wales in respect of the water resources available for the use of its teeming population. Unfortunately, these laudable attempts on the part of the Glamorgan Council were unsuccessful, and South Wales may yet regret the failure to adopt Dr. Williams's far-reaching suggestions.

He leaves a widow and three children—two daughters and a son. His loss to the Principality will be severely felt, and the gap occasioned by his untimely death will be difficult to fill. He was utterly devoid of self-interest and self-seeking; his great aim was to lift to the highest possible standard that branch of the profession to which he belonged, and to which he had wholly devoted his life.

His loss will be deeply felt by a very large circle of friends, to whom he had endeared himself by his kind and genial disposition and his singularly gentle and lovable nature.

JAMES EDMUNDS, M.D. ST. ANDREWS, M.R.C.P.LOND.,  
CONSULTING PHYSICIAN, LONDON TEMPERANCE HOSPITAL.

We regret to state that Dr. Edmunds passed away at his residence in Brighton on February 16th, in his eightieth year. For some twelve years he had been afflicted with increasing paralysis agitans, and had retired from active work in the profession. He was a man of most varied attainments, and a pioneer in the temperance world and in several other branches of medical and scientific work.

He was the eldest son of an Independent minister in the East End, and at an early age became an apprentice to Dr. Lewis, a general practitioner in Brick Lane. He was a student of the London Hospital, where, at the end of his career, he was Triple Gold Medallist. He obtained the diplomas of M.R.C.S and L.S.A. in 1854, and for the next ten or twelve years carried on a large general practice in the City of London, moving first to Spital Square and then to Finsbury Circus, where he had two partners. For seven years he was the Surgeon to the H Division of the Metropolitan Police. In the midst of a most active life he contracted blood poisoning at a post-mortem examination and was ill for six months. He gave up his practice

he was Assistant in the Turin Medical Clinic under Bozzolo. After lecturing on clinical medicine and special pathology at Turin for some time he was appointed Extraordinary Professor, and remained there till 1890. He was then appointed to the corresponding chair at Siena, and in the following year he was called to Florence. In 1898 he was offered the Chair of Medical Pathology in the University of Naples, but he preferred to stay at Florence. In 1900, when the new Institute of Children's Diseases was founded at Florence, Professor Mya was appointed its Director. His reputation both as a pathologist and as a clinician was of the highest.

We regret to announce the death of Professor THEODOR ESCHERICH, a recognized authority on diseases of children, which occurred on February 15th. Born at Ansbach on November 29th, 1857, he was in the 54th year of his age. After studying medicine at Strassburg, Würzburg, Berlin, and Vienna, he took his Doctor's degree in 1881. He qualified as *Privatdozent* in diseases of children at Munich in 1886, where he was Assistant in the Paediatric Clinic. In 1890 he was appointed Extraordinary Professor in the University of Graz, becoming Ordinary Professor in 1894. In 1902, on the death of Widerhofer, he received a call to Vienna. Among his pupils may be mentioned Professors Loos of Innsbruck, Pfaundler and Moro of Munich, and von Pirquet of Breslau; and *Privatdozenten* Meser, Hamburger and Tehle of Vienna. Professor Escherich contributed largely to medical literature, among his works being monographs on the intestinal bacteria in sucklings (1886); the etiology and pathogenesis of diphtheria (1894); diphtheria, croup, serum-therapy, tetany, and the tuberculin treatment of tuberculosis in children.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Hofrat Dr. Gustav von Braun, for many years Professor of Obstetrics and Gynaecology in the University of Vienna, in his 82nd year; Richard Stern, Director of the Medical Polyclinic at Breslau, aged 45; Dr. A. de la Garde, formerly Professor of Clinical Pathology in the Medical School of Poitiers; Dr. Christian Bohr, Professor of Physiology in the University of Copenhagen, aged 56; Dr. Alberto Severi, Professor of Medical Jurisprudence in the Medical Faculty of Genoa; Dr. Karl Parrot, a well-known medical practitioner of Munich and widely known as an ornithologist, aged 44; Dr. Kelsch, formerly Inspector-General in the Medical Department of the French Army, Professor in the Army Medical School at Val de-Grâce, and author of treatises on the diseases of hot countries and on epidemiology, aged 70; and Dr. F. Fuchs, Emeritus Professor of Neurology in the University of Bonn.

## Public Health AND POOR LAW MEDICAL SERVICES.

### DISINFECTION OF LACE.

L. E. N.—Fine lace work which cannot be boiled could be disinfected by placing it in a muslin or cambric bag, and then subjecting it to steam in a steamer such as potatoes are cooked in. Or it might be subjected to dry heat by placing it in a double saucepan in the outer one of which water is boiled. Formaldehyde vapour would not suffice.

## Medico-Ethical.

The advice given in this column for the assistance of members is based on medico-ethical principles generally recognized by the profession, but must not be taken as representing direct findings of the Central Ethical Committee, except when so stated.

### CIRCULAR ON DISSOLUTION OF PARTNERSHIP.

“TEMPORARY” is hardly a suitable word to describe a partnership which lasted for nearly four years; in this case it appears that the partnership would have been permanent if it had not been dissolved owing to the inability of one of the parties to fulfil its terms. It would be better if the circular referred to A. as having been in partnership with B. “during the last four years,” or whatever was the actual term.

## Medico-Legal.

### POSTAL MEDICAL OFFICERS.

IN the case of *Harneis v. Robinson* and others, heard before Mr. Justice Darling and a special jury in the King's Bench Division on February 17th, the plaintiff was Dr. Harneis, and the defendants were officers of the Postmen's Federation, who were responsible for the publication of a widely circulated paper called the *Postman's Gazette*. Mr. Clavell Salter, K.C., and Mr. Hugh Fraser, instructed by Mr. Hempson for the Medical Defence Union, appeared for the plaintiff, and Mr. Leslie Scott, K.C., and Mr. Schwabe, instructed by Messrs. W. A. Crump and Son, for the defendants.

It appeared from the opening statement of counsel, as reported in the *Times*, that Dr. Harneis, who had been a registered medical practitioner since 1901, bought a practice in Hackney in 1905, and in that year was appointed medical officer of the Hackney postal district. The emoluments came to £30 a year, the capitation grant being a little over £50 a year. The area of the district was six miles in diameter. Dr. Harneis undertook to attend at his surgery for one hour after 10 a.m., and for an hour and a quarter after 7.15 p.m. This regulation was very loosely observed by the employees. The alleged libel was contained in the following paragraph published in the *Postman's Gazette*, and sent to the plaintiff in December, 1909, from the Eastern District Office:

“Now that the borough council elections are over, a few words would be appropriate on behalf of our member, Mr. H. J. Mead, who ran strictly on the Labour and Socialist ticket, and made a very good fight, and we must trust that he will be more successful next time. In reference to the proposed removal of the medical officer's premises, which at present are too far away for any man who has to seek medical advice, the new address is to be further off still. At the same time, the present medical officer has not been over-zealous in giving attention to the men, as several have complained of inattention on his part. Furthermore, he seems to be labouring under a delusion that his position enables him to grossly insult those who are unfortunate enough to be compelled to go to him for medical treatment. We would advise all our members to take note of his actions in future, so that further steps may be taken with a view to bringing him to his senses and getting him to treat men properly..”

In examination the plaintiff said his surgery was some 1,500 yards from the Hackney Post Office; he did not recollect ever having refused to see applicants out of hours. The plaintiff was cross-examined with reference to an incident in which he was alleged to have assaulted a person who had been a dispenser to the medical man from whom he had purchased the practice. The plaintiff denied that he committed any assault; he merely tapped the individual with his hand. The plaintiff was also cross-examined with regard to a number of post-office employees, and denied that he had treated them with negligence or discourtesy. In re-examination, Mr. Fraser asked Dr. Harneis about the alleged assault, when the jury intimated that they did not wish to hear any more about the incident.

Mr. John Gibson, postmaster of the Eastern District, said he had never heard any complaints relative to Dr. Harneis.

His Lordship then suggested to Mr. Leslie Scott that the plaintiff having been examined and cross-examined on the plea of justification, it might not be necessary for the defendant to insist on it. After Mr. Clavell Salter had conferred with his client, he said that, considering the attitude taken up by the defendants, who had never suggested an apology or ever attempted to meet Dr. Harneis in a proper spirit, he had no option but to proceed with the case. Mr. Leslie Scott raised the legal point whether officials of the Federation could be made liable in damages for a publication not authorized by them.

After an adjournment Mr. Leslie Scott said that the defendants would apologize and withdraw their plea of justification. Mr. Clavell Salter said: “I ask for judgement and nominal damages, 40s. The plaintiff's only object has been to clear his character. He has achieved that object. The apology will be headed with the full names of the parties, and will state that the defendants unreservedly withdraw all the allegations in the *Postman's Gazette*. They apologize to Dr. Harneis and agree to pay the costs of the action. Costs to be taxed as between solicitor and client.”

Mr. Justice Darling said: “The parties have been very wise in terminating the case without taking a verdict. There would have been a point of law to decide, raised by Mr. Scott, and it would not have been to the interest of Dr. Harneis to have been the means of settling a very difficult point of law as to the question whether the officials of a union could or could not have immunity in regard to libel, except in cases where they themselves can be proved to have done some definite act with regard to the publication. There the matter will end.”

### ACTION FOR SLANDER BY A DOCTOR.

AN action for slander brought by Dr. Roland Riley, of Blockley, against Canon Edward J. Houghton, of the same place, and heard at the Worcester Assizes before Mr. Justice Banks and a special jury, is reported in the *Birmingham Daily Post* of February 15th. Mr. Arthur Powell, K.C., and Mr. Wrottesley, instructed by Mr. Hempson for the Medical Defence Union, appeared for the plaintiff, and Mr. C. F. Vachell, K.C., and the Hon. R. Coventry, instructed by Messrs. Beauchamp and Gallaher, for the defendants.

## The Services.

### INDIAN MEDICAL SERVICE.

#### REVISED RULES RESPECTING MEDICAL FEES.

THE following revised rules have been issued applicable to British Indian and native States regarding the receipt by medical officers of the Government of fees (including honoraria or presents which may be offered for services rendered) for professional services in certain cases:

1. Whenever attendance, whether for an ordinary visit, a consultation, a confinement, or a surgical operation, on a ruling chief or his family or dependants, or on an Indian of position, who holds a hereditary title conferred or recognized by the Government, of a rank not below that of a Rajah or Nawab, or his family or dependants, involves the absence of a medical officer from his station, he shall be permitted to demand or receive such fees as may be arranged between himself and the person employing him, provided that he does not, without the special permission of the local Government, obtained as provided below, demand or receive in addition to his travelling expenses a higher fee than Rs. 500 a day for the first three days and Rs. 250 a day thereafter, the full daily fee being given for every complete period of twenty-four hours' absence, with a proportionate fee for periods of less than twenty-four hours.

2. For similar attendance not involving absence from his headquarters a medical officer may demand or receive fees in accordance with the scale which he has fixed for his patients generally, and in the case of operations and confinements he may accept fees equal in amount to those current in similar circumstances in the profession in the United Kingdom.

3. Before accepting or demanding from a ruling chief or Indians of position, as referred to in rule 1, a fee in excess of the rates laid down in rules 1 and 2 above, a medical officer must report the case confidentially to the local administrative medical officer, who will obtain unofficially and communicate to him the orders of the local Government. When taking the orders of the Government, the administrative medical officer will be careful not to disclose any of the medical particulars of the case.

4. Local Governments and administrations shall have full power to dispose of all cases so reported to them, but shall be at liberty to consult the Director-General, Indian Medical Service, or to refer any particular case for the orders of the Government of India.

## THE PLAGUE.

### PREVALENCE OF THE DISEASE.

#### INDIA.

THE principal centres in India in which plague occurred during 1910, and the deaths consequent thereupon, were as follows: Bombay Presidency, 36,831; Bengal, 30,546; United Provinces, 144,266; Punjab, 143,416; Central Provinces, 42,104; Rajputana, 37,657; Burma, 7,605.

The following are the most recent general statistics: October 22nd to 31st, 1910, 5,641; November, 26,189; December, 39,604. Total deaths, 71,434, making, with deaths, July to October 22nd, 20,828, total for half-year, July to December, 92,262. During the first six months of 1910 the deaths numbered 360,632. Total deaths during 1910, 452,894.

It would appear that the recrudescence of plague in 1911 has begun in a more virulent form than in 1910. In January, 1911, the deaths from plague in India numbered 75,468. This is a higher figure than in 1910, when in January the deaths amounted to 51,437. The deaths were apportioned as follows: Bombay Presidency, 6,252; Bengal, 3,592; United Provinces, 15,006; Punjab, 5,263; Rajputana, 1,927; North-West Frontier Provinces, 25; Kashmir, 26; Central Provinces, 2,837; Central India, 1,452; Hyderabad State, 1,298; Mysore State, 1,655; Madras Presidency, 1,688; Burma, 538.

#### MANCHURIA.

A note on the epidemic in Manchuria is published at page 456.

#### MAURITIUS.

From November 10th to December 31st, 1910, the fresh cases of plague in Mauritius numbered 328, and the deaths from the disease amounted to 188, making for the whole year 1910 a total of fresh cases 667, and the total deaths from the disease 442.

In January, 1911, the fresh cases of plague in Mauritius amounted to 95, and the deaths from the disease amounted to 61.

During the weeks ended February 8th and 15th the fresh cases were 4 and 6 and the deaths 3 and 5 respectively.

THE total number of lunatics under certificate for whom the Asylums Committee of the London County Council was responsible was, on January 1st, 1911, 26,845 as compared with 26,377 on January 1st, 1910, an increase of 469. During the last twenty-one years the average annual increase of lunatics for whose accommodation provision had to be made was 479.

## Medical News

THE Emperor of Austria has accepted the protectorate of the Austrian Cancer Research and Prevention Society and the campaign against that disease. The President, Professor von Eiseleberg, will deliver an address on the objects and methods of the society at a large gathering for propaganda purposes, which will take place in the Festival Hall of the University of Vienna on March 5th.

THE Morison Lectures of the Royal College of Physicians of Edinburgh will be delivered on Monday, Wednesday, and Friday, March 6th, 8th, and 10th, by Dr. George M. Robertson. The first lecture will be on the differentiation of melancholia, the second on the symptoms of melancholia, and the third on some practical considerations.

A DISCUSSION on modern methods of purification of public water supplies will be held at the provincial sessional meeting of the Royal Sanitary Institute at Bristol on March 17th. An opportunity will be afforded to visit the reservoir, filter beds, etc., of the Bristol Waterworks Company.

THE seventh annual meeting of the Association for Promoting the Training and Supply of Midwives will be held, by permission of Lady Brassey, at 24, Park Lane, W., on March 10th, when the chair will be taken by H.R.H. Princess Christian of Schleswig Holstein at 3.30 p.m.

DR. F. S. PALMER'S paper on traumatic neuroses and psychoses and their medico-legal consideration, that should have been read before the Medical Society of London on February 13th, will be read on April 10th, when papers will also be read by Dr. Parkes Weber and Dr. Chapman.

DR. LEONARD HILL, F.R.S., will open a discussion on rescue work in mines arranged to be held at the Royal Sanitary Institute, 90, Buckingham Palace Road, S.W., on Tuesday, March 14th. The chair will be taken at 8 p.m. by Mr. R. A. S. Redmayne, Chief Inspector, Coal and Metalliferous Mines, Home Office.

MR. HENRY POWER of Bagdale Hall, Whitby, late Consulting Ophthalmic Surgeon to St. Bartholomew's Hospital and the Westminster Ophthalmic Hospital, who died on January 18th, aged 80, left estate valued at £14,958 gross, of which £13,130 is net personalty.

AT the annual meeting of the Cancer Hospital, Brompton, on February 22nd, the Earl of Northbrook, who was in the chair, announced that a short time ago a gentleman entered Coutts's Bank, and handed in a sealed envelope, asking that its contents might be placed to the credit of the hospital; the envelope when opened was found to contain five bank notes of £1,000 each.

THE fifty-eighth annual report of the Samaritan Fund of St. Thomas's Hospital furnishes a detailed account of the income derived from this fund by the hospital during 1910, and the way in which it has been expended, together with a list of past and present benefactors. An account of some actual cases show how the fund is applied. The report is a record of thoroughly good work. An urgent appeal for contributions is made by Mr. J. G. Wainwright, J.P., the treasurer of the fund.

A LECTURESHIP has been established by the National Health Society as a memorial to the late Lady Priestley, who was one of the original members of the committee when the society was started some thirty years ago and attended all the meetings until within a few months of her death. Three lectures have been arranged for March, the first by Sir E. Ray Lankester on living microbes, the second by Sir Almroth Wright on bacteriology and hygiene, and the third by Mr. Stephen Paget on Pasteur and his work.

THE inventor of "606" will soon have as many decorations as a victorious general. The Emperor of Russia has conferred upon him the Order of St. Anne First Class, with a badge set in diamonds. The King of Spain has bestowed on him the Grand Cross of the Order of Alfonso XII. The German Emperor has nominated him a member of the Senate of the recently founded Kaiser Wilhelm Society for the Advancement of Science; on this body the professor is the only representative of medicine. The St. Petersburg Institute of Experimental Therapeutics has elected him an honorary member. The municipal authorities of Buenos Aires have given Professor Ehrlich's name to a street in the suburb of San Fernando.

THE first number of a monthly magazine in Esperanto, entitled *Internacio Medicino*, was published last month. It is edited by a board of medical men representing nearly every civilized country, the British representative being Dr. Jameson Johnston of Dublin. It contains original articles on "606," reviews, hedonal-chloroform narcosis,

and other subjects, with reviews, etc. An interesting trace of the journal's internationality is seen in an advertisement on the last page, where imitations of a certain dentifrice are depicted which come from every country in the world except Great Britain, with an explanation in the neutral language that in this land "it already has been long known that 'malhonesta komerca' is 'malrekompensa laboro.'" The periodical is published by Thalwitzer, Köschkenbroda, Dresden, and will be supplied free to members of the International Esperanto Medical Association. To others the annual subscription is 6s.

IN every discussion upon the etiology of diarrhoea the question of nomenclature at once arises. Death which may be due to the same disease are certified under a variety of names according to the caprice of the certifier. In spite, however, of this drawback, much useful work has been done by many observers in the direction of lessening the mortality from diarrhoeal diseases. A valuable contribution to the subject has been made by Dr. G. D. Maynard, of Pretoria, in the paper which he read before the Public Health Section of the South African Medical Congress last year. He expressed the opinion that the organisms which had been claimed as the infective agents in diarrhoea in infants were normal inhabitants of the intestinal tract, and he considered that the case against flies as the cause of epidemic diarrhoea lacked scientific proof. He pointed out that if infected milk were a common cause of the disease it was curious that so few epidemics had been traced to it, and that the foods most prone to bacterial infection were not those associated with the highest diarrhoeal mortality. One of the most important causative factors of infantile diarrhoea, he maintained, was a lowered resistance caused by improper feeding, climatic changes being the determining cause of the appearance of the disease in epidemic form.

THE Army and Navy Male Nurses' Co-operation is already well known to many medical men, but deserves still wider appreciation. The army and navy every year discharge fully qualified male nurses of exemplary character, and these services are indeed the only general training schools certifying fully trained male nurses. The selection of nurses for enrolment on the register of the Co-operation is strictly supervised by a committee of officers on the active list and civilians in the medical profession. As reservists the men may be called upon to serve their country again, and the varied experience gained in civil nursing maintains their efficiency. The Co-operation has a well-equipped residential home, insuring that the nurses come from suitable surroundings, and permitting interviews with the nurses, when required, before they are engaged. The third annual report, presented to the general meeting held at the end of last year, showed that at the commencement of the year then dealt with there were 33 nurses on the roll, and it was expected that the number would be raised to 50. The men had been in more continuous employment and at cases of longer duration, and the receipts for their services had increased from £1,824 to £2,762. The balance sheet showed that the salaries paid to nurses amounted to £2,417. It is expected that the Co-operation will soon become self-supporting.

THE aim of the Women's Imperial Health Association is stated to be to instruct the women of the empire in the elementary principles of hygiene. The work of the association is being carried out chiefly by means of caravan health tours throughout the country. Lectures and health talks are given in districts which are often remote from the opportunities for this form of hygienic education. The lectures, as far as possible, are illustrated by lantern slides and by suitable cinematograph demonstrations, and leaflets are distributed not only at the lectures but also along the line of route of the caravans. The expenses attending the tours of the three caravans amounted in 1910 to about £1,100, and the manner in which the funds required by the association have been raised must cause envious feelings in the minds of those treasurers of charitable societies who are constantly issuing appeals to the public for support. It appears that when the London County Council decided that the cinematograph theatres in London should be closed on Sundays unless the profits of the Sunday openings were given to some recognized charity, the Women's National Health Association at once made arrangements to benefit by this decision, and according to the balance sheet recently published for the year 1910, after deducting all expenses, £4,185 was received from the cinematograph theatres. The association thus finds itself at the end of the year with a balance at the bank of £250 and with investments amounting to over £1,000.

## Letters, Notes, and Answers.

Queries, answers, and communications relating to subjects to which special departments of the BRITISH MEDICAL JOURNAL are devoted will be found under their respective headings.

### QUERIES.

RUSTIC asks whether a continued course of bromides (40 grains per diem) has an effect in causing atrophy of the testicles. Also if tobacco smoking acts as an aphrodisiac or anti-aphrodisiac.

ANXIOUS asks for advice as to the advantages or the reverse of the crown and bridge system to an ordinary dental plate in the following case: Canine and second incisor missing on left; two incisors, canine, and two premolars missing on right. All others sound. First left premolar stopped ten years ago.

### SOFTENING WATER BY LIME.

DURHAM writes: Many people in this district suffer from the effects of hard water, but this can be remedied by adding a little quicklime. The question, however, arises whether the water is in every way suitable for drinking purposes after the lime is precipitated.

\*\* Softening of water by lime is the process most commonly adopted, and it does not affect the water for drinking purposes. Care must be taken not to add too much lime, as an excess will again increase the hardness.

### POISONING BY OIL OF SASSAFRAS.

DR. W. B. SECRETAN (Reading) writes: A healthy Scottish terrier dog belonging to me recently became infected with pediculi. I applied, rather copiously, oil of sassafras to his back. The application was repeated several times during about a week. The dog became ill, refusing his food and exhibiting great weakness. A veterinary surgeon, whom I called in, told me that he thought the dog was poisoned, and that he had seen two cases before of poisoning due to this oil. In both cases absorption took place through the skin, as it apparently did with my dog, since he never licked himself. The dog eventually died rather more than a week after the last application of the oil, with no other symptoms than those of great weakness and emaciation. All through he retained his food, which he was made to take every few hours. Post mortem, we found liver and kidneys congested, the former being considerably enlarged. I can find no account anywhere of oil of sassafras producing any toxic symptoms. As it is freely used to apply to the heads of children with vermin, it would be interesting to hear if any of your readers have experienced bad results from it. I should certainly be rather chary of using the oil now, especially in weakly and marasmic children.

\*\* *The United States Dispensatory* states that a teaspoonful of oil of sassafras, swallowed by a young man, produced vomiting, collapse, somewhat dilated pupils, and pronounced stupor. It is added that experiments on animals by Heftter showed that in insufficient dose it kills quickly by centric paralysis of respiration, preceded by great depression of the circulation; in smaller doses it causes death by widespread fatty degeneration of the heart, liver, and kidneys, etc.

### ANSWERS.

D. I.—The preparation of liquid paraffin used as an electuary in the treatment of habitual constipation is simply the paraffinum liquidum of the *British Pharmacopoeia*. It may be taken in doses of 1 to 4 drachms. Martindale makes a preparation of this kind flavoured with a little saccharin and lemon under the name of "liquid aperine." A preparation is also made in the form of a paste, under the name "aperfine," containing 70 per cent. of the white soft paraffin (B.P.) for use in like manner, the dose being similar.

### A NEUROLOGICAL CONUNDRUM.

E. L. writes, in reply to "Justinian," to suggest that the wrist-drop following amputation of the thigh was due to the position of the arm during operation. If by any chance the arm slipped over the edge of the table, there would in all probability be pressure on the musculo-spiral nerve. A similar cause of wrist-drop is frequently seen at out-patients on a Monday when a man who has been imbibing too freely on the Saturday falls asleep in his chair with his arm hanging over the back, with consequent pressure on the musculo-spiral nerve.

DR. C. E. REYNOLDS (London) has also written to make a similar suggestion.

### TREATMENT OF AMENORRHOEA.

DR. H. STANLEY JONES (Bournemouth) writes, in reply to "X. Y. Z.," who, in the JOURNAL of February 18th, asks for advice in the treatment of a case of amenorrhoea of five years' standing: I have found potassium permanganate gr. j in pill t.d.s. very successful, and suggest a trial in the above case.